

The intersection of mental health literacy and mental health stigma: A literature review

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Background

Any discussion of health should also entail a discussion of health literacy, as it represents the acquisition and application of health-related information. Many areas of health receive their due attention when it comes to health literacy. One such area is mental health literacy (MHL), which refers to knowledge and beliefs about mental health and mental health issues.

There have been great strides in MHL improvement in the areas of recognition and differentiation, management, and prevention of mental health issues. However, these efforts have fallen short in addressing the role of stigma. That is, MHL development and improvement lacks a real focus on stigma reduction or awareness building.

While there is acknowledgement of stigma, it is often referred to as a one-dimensional barrier to help seeking behavior, but it is much more than that. Stigma operates on many levels and makes an already sensitive topic worse by contributing to low self-esteem, low self-efficacy, the 'why try' effect, poor quality of life, and progression and worsening of symptoms.

Moreover, the discussion of mental health sensitivity and stigma is further complicated when considering the diversity of mental health issues and the cultural diversity of affected populations, which is saturated with varying and sometimes conflicting attitudes, beliefs, and values - very similar to stigma in that way.

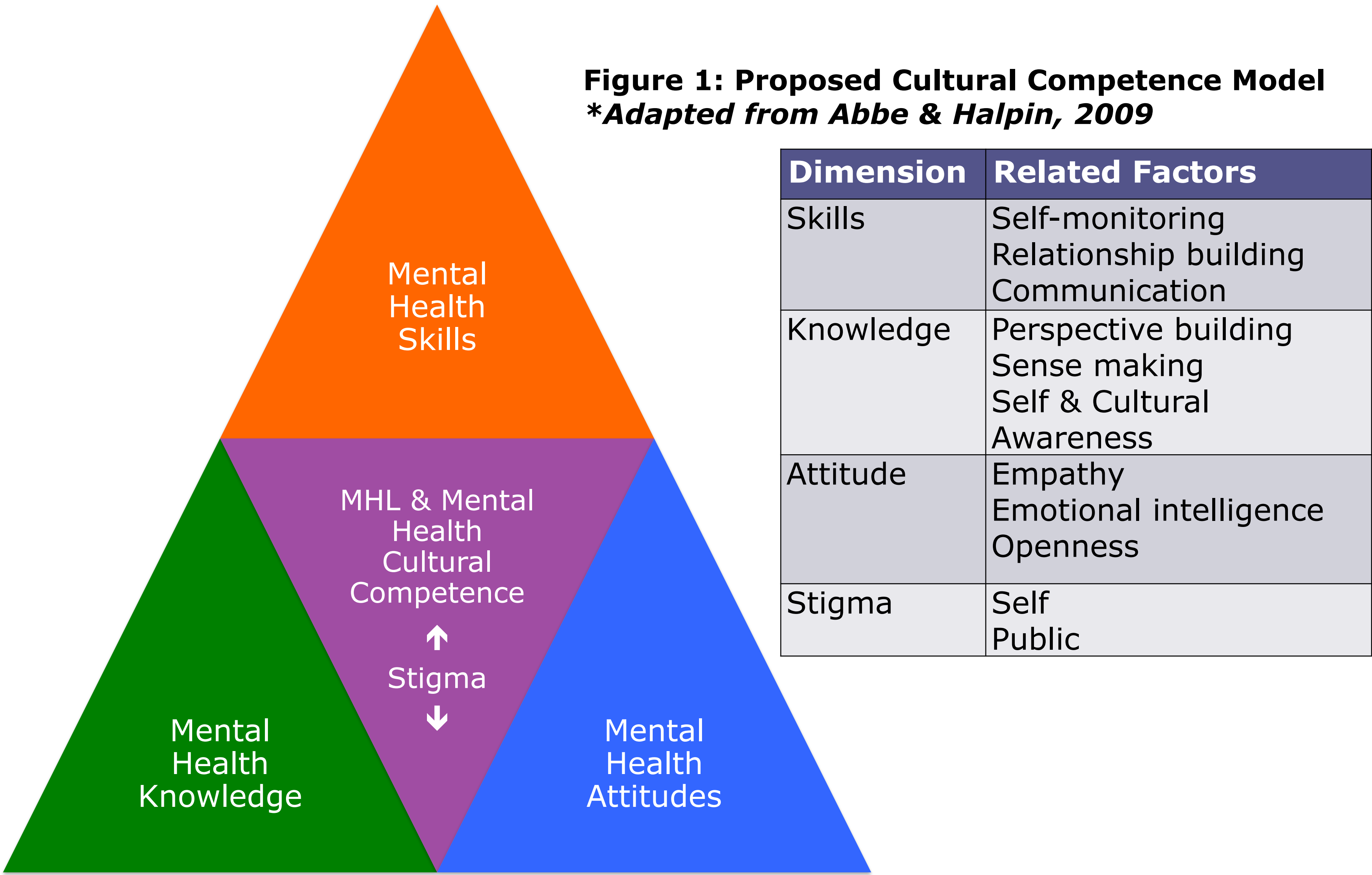
Health literacy strategies have responded to this cultural diversity by broadening traditional skills (numeracy, document literacy, and prose literacy) to now capture plain language, non-verbal communication, and cultural competence in an effort to improve health outcomes for diverse populations. The same cannot be said for mental health literacy. Therefore, the current research proposes a cultural competent approach to MHL to address the complexity of stigma and its impact on mental health issues.

Figure 1 and Table 1 frame the research and the starting point for a possible model modification for cultural competence development that serves to reduce stigma all in the name of MHL.

Methods

A review of the literature was necessary to explore the current landscape of MHL, stigma, and cultural competence as they all related to general and specific mental health issues, such as depression, anxiety, and schizophrenia. Moreover, MHL efforts for improvement and development were reviewed to better understand the strategies that are employed to improve mental health outcomes for all populations. Several databases were accessed to ensure that the related literature, specifically primary sources of data, were reviewed to the fullest extent possible, such as PubMed, CINAHL, Web of Science, and PsychINFO. Keywords used: mental health literacy, cultural competence, mental health, health literacy, stigma, cultural diversity.

Proposed Model



Results

Essential Articles	Title	Contribution to the Research
Cheng et al., 2018	Self-stigma, mental health literacy, and attitudes toward seeking psychological help	Stigma is not one dimensional and its interaction with MHL informs help seeking behavior
Altweck et al., 2015	Mental health literacy: A cross-cultural approach to knowledge and beliefs about depression, schizophrenia and generalized anxiety disorder.	Captures MHL, stigma, and culture in a causal model for specific mental health issues and help seeking beliefs
Na, Ryder & Kirmayer, 2016	Toward a culturally responsive model of mental health literacy: Facilitating help-seeking among east Asian immigrants to North America.	Emphasizes the MHL development for culturally diverse groups in an effort to increase help seeking behavior in which stigma is a barrier

Table 1: Literature Review Results

Results Cont'd

The review revealed that MHL, stigma, and cultural diversity mingled in shared research circles; however, there was no mention of cultural competence.

MHL research was associated with stigma specific to attitude assessment for help seeking behavior for specific mental health issues (i.e., depression and schizophrenia). Stigma was defined as self stigma, which goes beyond the standard one-dimensional conceptualization. MHL was associated with the cultural diversity of affected populations with stigma identified as a barrier to help seeking behavior. Lastly, MHL efforts for improvement and development involved heavy discussion of altering attitudes as a directive with little direction on how to do so.

Discussion

MHL, much like health literacy, has been a priority and challenge for many decades. The MHL struggle is alive and well because efforts for improvement and development provide little direction for reducing stigma using confirmed health literacy strategies, such as cultural competence, which could prove to be the missing link for improving MHL and reducing stigma when it comes to mental health and mental health issues.

A modified cultural competence development model that illustrates this linkage is proposed that serves each domain of learning through specific factors that build mental health cultural competence effectively increasing MHL and reducing stigma. All of which is a step in the right direction when it comes to the breakthrough that MHL needs.

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